Draft Programme for Government Framework Response

British Heart Foundation Northern Ireland

July 2016

Key Points

- British Heart Foundation Northern Ireland (BHFNI) welcomes the new structure for the creation of a Programme for Government (PfG), embracing Outcomes Based Accountability and the principles outlined by Mark Friedman.

- BHFNI are fully committed to working in partnership with the Northern Ireland Executive in what promises to be a challenging time for the delivery of health and social care in Northern Ireland.

- Cardiovascular disease (CVD) causes a quarter of all deaths in Northern Ireland, or around **3,700** deaths each year – that's an **average of 10 people each day.**

- BHFNI recommends that the Northern Ireland Executive should adopt the World Health Organisation (WHO) target of 25% by 2025 as a measure under outcome four in the final PfG Framework.

- BHFNI is concerned by the financial implications for the Northern Ireland budget of a cut in corporation tax and of Britain's exit from the European Union and would welcome engaging with the Executive on mitigating the challenges of the current financial climate.

- BHFNI highlights the significant role of the charity sector in bolstering the local economy through research. For example, for every £1 spent by the government on research and development, £4.14 is returned in research funding in Northern Ireland.

- BHFNI recommends that the Northern Ireland Community Resuscitation Strategy be fully implemented in the period 2016 – 2020.

- BHF have over 50 years' experience in research and innovation – BHFNI can be a valuable partner to help the Northern Ireland Executive deliver outcomes included in the draft Programme for Government.

British Heart Foundation Northern Ireland – Empowering research to deliver solutions

The British Heart Foundation (BHF) is the largest independent funder of cardiovascular research in the UK and for over 50 years has pioneered research that's transformed the lives of people living with cardiovascular disease (CVD). Science funded by the charity has contributed to advances in pacemakers, transplant surgery, defibrillators and the development of statins. It is this research that helps us provide innovative evidence-based solutions to the devastating impact of cardiovascular disease.

Each year, thanks to the generosity of our supporters, BHF is able to fund around £100 million of new research across all four nations of the UK. The BHF funding portfolio extends from laboratory science to clinical trials and population studies, funding people from PhDs to professors as well as investing in large programme and project grants. Additionally, the BHF fund and part fund major innovation projects across the UK.

Thanks to modern treatments built on our research, huge progress has been made in saving lives. Most babies born today with heart defects survive and 7 out of 10 people survive a heart attack. But cardiovascular disease still kills 1 in 4 people and affects 7 million people in the UK, including 225,000 locally, so there is so much more to do.

British Heart Foundation NI (BHFNI) is the leading heart charity in Northern Ireland, currently investing over £3 million in world leading research at Queens University Belfast. In 2014/15 BHFNI spent over £1 million pounds on prevention, support and CPR training for patients, families and the public in Northern Ireland.

This includes enabling 40% of all Northern Ireland secondary schools to provide CPR training (free of charge) using either our 'Call Push Rescue' or 'Heartstart' training model; supporting 200 BHF Alliance nurses in hospitals and healthcare settings and supporting over 220 local businesses in Northern Ireland through our 'Health at Work' programme.

The impact of cardiovascular disease in Northern Ireland

Cardiovascular disease (CVD) is an umbrella term that describes all diseases of the heart and circulation. It includes everything from conditions that are diagnosed at birth, or inherited, to health problems such as coronary heart disease, heart failure, atrial fibrillation and stroke. Outlined below are statistics that illustrate the seriousness of CVD in Northern Ireland.

- Cardiovascular disease causes a quarter of all deaths in Northern Ireland, or around **3,700** deaths each year – that's an **average of 10 people each day**.[1]

- Around **1,050** people under the age of 75 in Northern Ireland die from CVD each year – that's an **average of 20 people each week**.[2]

- Since the 1960s, CVD death rates in Northern Ireland have fallen by three-quarters.[3]

- There are an estimated **225,000** people living with cardiovascular disease in Northern Ireland. An ageing and growing population and improved survival rates from cardiovascular events could see this number rise still further.[4]

- Currently, 22% of the adult population smoke cigarettes – each year around 3,000 deaths can be attributed to smoking in Northern Ireland[5].

- Nearly **31,000** people in Northern Ireland have been diagnosed with atrial fibrillation[6]

- Over **15,100** people in Northern Ireland have been diagnosed with heart failure.[7]

- Over 255,000 people in Northern Ireland have been diagnosed with hypertension (high blood pressure)[8] and there are thousands more living with this increased risk of heart attack and stroke.

- Total NHS expenditure on CVD in Northern Ireland in 2013/14 was **£393 million**.[9]

General Comments

British Heart Foundation Northern Ireland (BHFNI) welcomes the opportunity to respond to this consultation on the Draft Programme for Government Framework. BHFNI welcome the new structure for the creation of a Programme for Government (PfG), embracing Outcomes Based

[1] NISRA 2014 mortality statistics
[2] (as above)
[3] BHF/Oxford University in collaboration with NISRA
[4] BHF estimate based on Quality & Outcomes Framework prevalence data
[5] DHNI, Health Survey Northern Ireland 2014/15; BHF analysis of HSCIMS (NI Health & Social Care Inequalities Monitoring System) data, 2009-13
[6] DHNI, Quality & Outcomes Framework prevalence data, 2014/15
[7] (as above)
[8] (as above)
[9] Hospital Information Branch, DHNI 2013/14

Accountability and the principles outlined by Mark Friedman in his book *'trying hard is not good enough'*[10].

BHFNI recognises that providing high quality health care is a difficult task given the current budgetary pressures facing the Northern Ireland Executive.

In this context, BHFNI supports a new method of delivery during this mandate whereby greater participation is encouraged from the community and voluntary sector in the pursuit of pre-agreed health outcomes. BHFNI are fully committed to working in partnership with the Northern Ireland Executive in what promises to be a challenging time for the delivery of health and social care in Northern Ireland.

BHFNI wants to play an active part in helping to find and deliver solutions, particularly in relation to CVD and its debilitating effect on the health of local people.

BHFNI would like to highlight the importance of extensive engagement across all sectors in the development of operational plans to meet high level outcomes. The PfG will be most successful by taking a joined up approach, engaging across sectors including the voluntary sector.

Additionally, BHFNI supports the work currently being undertaken by the expert led panel chaired by Professor Rafael Bengoa. If reform and innovation are to be embraced by the Northern Ireland Executive, then the roadmap provided by the Bengoa report will be critically important in this process.

BHFNI eagerly anticipate the recommendations of the Bengoa panel before the Northern Ireland Assembly reconvenes in September. BHFNI looks forward to sharing examples of our innovative evidence based CVD best practice portfolio to help transform services for heart patients across the country.

BHFNI supports the principle that patients should have access to the best available treatments as quickly and easily as is safely possible, based on research evidence. New initiatives that improve access to innovative treatments should be encouraged, provided they do not negatively impact on patient safety, or contradict research evidence.

BHFNI are content with the fourteen outcomes within the draft framework as the basis for the Northern Ireland Executive to deliver a Programme for Government.

The most relevant outcome to BHFNI is outcome 4: **We enjoy long, healthy, active lives.**

This is supported by a series of primary indicators including:

- Indicator 2: Reduce Health Inequality
- Indicator 3: Increase healthy life expectancy
- Indicator 4: Reduce preventable deaths
- Indicator 5: Improve the quality of the healthcare experience
- Indicator 6: Improve mental health

[10] Mark Friedman, Trying Hard is Not Good Enough *How to Produce Measurable Improvements for Customers and Communities*.

- Indicator 7: Improve health in pregnancy

The selection of Health indicators included within the draft framework provides a good basis for the Northern Ireland Executive's work on health for the next mandate.

With 55 years of expertise in successfully fighting heart disease through evidence based research, BHFNI welcomes the opportunity to work in partnership with the Northern Ireland Executive to share its expertise in relation to CVD and contribute towards solutions and reform during this mandate.

In the introduction section of the PfG draft framework (Page 7) focus is placed on outcomes and those indicators which will measure progress. Whilst BHFNI agree with and support this method of working, clarity is needed on the extent of evaluation that will occur and on the use of targets by the Northern Ireland Executive.

BHFNI believes that the PfG will be most successful when it is aspirational about the changes in outcomes that it wants to deliver. For example, indicator 4 relates to the reduction of preventable death but does not refer to how and when this will be achieved.

Non–communicable diseases (NCDs) include heart disease, stroke, cancer, diabetes and chronic lung disease. They are collectively responsible for 86% of deaths in N Ireland before age 75 –that equates to **4,600 lives.** The World Health Organization (WHO) challenges member states to take action and reduce premature deaths by 25% by 2025 – which would mean an additional **1,150 premature deaths prevented.**

BHFNI recommends that the Northern Ireland Executive should adopt the WHO target of 25% by 2025 as a measure under outcome four in the final PfG Framework.

On (Page 8) of the PfG Draft Framework, the section on 'next steps' references the need for the PfG framework to 'co-ordinate with the budget process recognising that budgetary constraints will continue to be an issue'. BHFNI anticipates that the departmental action plans that will be created later this year will contain numerous actions that will help each department deliver on indicators within the PfG. BHFNI would like clarity on how the budgetary pressure associated with new actions will correlate with existing financial commitments tied to current strategies such as 'Transforming Your Care' and 'Making Life Better'.

BHFNI asks: **Have the Northern Ireland Executive anticipated the cost of new actions and the subsequent effect that may have on prior spending commitments and current strategies as outlined?**

Furthermore, BHFNI is concerned by the financial implications for the Northern Ireland budget of a cut in corporation tax and the subsequent readjustment of the block grant. The UK Government granted the Northern Ireland Executive permission in 2015 to drop the rate of corporation tax from 20% to 12.5% to match the rate in the Republic of Ireland.

If corporation tax is reduced in the next financial year, this policy decision carries a cost to the tax payer that amounts to hundreds of millions of pounds. The cumulative impact of a cut in corporation

tax and an unstable financial market post British exit from the European Union has the potential to create a very challenging financial environment for the Northern Ireland Executive to deliver a new PfG.

BHFNI asks what the current financial position is for the health budget in relation to the forthcoming British exit from the European Union and how this will impact on the delivery of the high level outcomes contained within the draft PfG.

In the period before the Northern Ireland Assembly elections in May 2016 the two largest political parties in Northern Ireland, Sinn Fein and the DUP, made similar spending commitments on health.

The Sinn Fein Manifesto stated '*Health – £1 billion additional health spending'* as part of its spending commitments and the DUP manifesto pledged 'to seek to increase spending on Health by at least £1 billion by the end of the next Assembly'.

BHFNI would like the Northern Ireland Executive to clarify the current status of these pledges given the cumulative pressure on the Northern Ireland budget as outlined above.

Given the cost of corporation tax, the prospect of new spending commitments and a British exit from the European Union – BHFNI remain concerned about the financial position of the Department for Health in relation to effectively deliver the reform agenda alongside delivering the health outcomes contained within the draft PfG.

OUTCOME 1 (Page 17) '*We prosper through a strong, competitive regionally balanced economy'*

BHFNI would like to concentrate its comments in relation to outcome 1 on two areas – firstly, the role of the charities on the high street and secondly, the role of research in supporting the economy.

1. The role of charity shops - the role of charity sector within the Northern Ireland Economy and the importance of retaining the current 100% rates exemption for charity shops.

By providing 100% rate relief, the Northern Ireland Executive has been an essential partner in helping ensure that as much as possible of the funds raised through the sale of goods donated by the Northern Ireland public goes towards work aimed at fighting heart disease. In 2014/5 the BHFNI retail operation raised a profit of £149,000 which is fundamental in enabling the BHF's work to fight CVD in Northern Ireland.

A change in the current rates exemption for the charity retail sector would substantially damage the charity's ability to raise much needed funds within Northern Ireland which would have far reaching consequences for the social fabric of the local community and would compromise the fundamental principle of public benefit not private gain which underpins the long standing rationale for charitable exemption from business rates in Northern Ireland.

Set against the wider benefits that charity shops collectively bring to the local community and the positive contribution they make in Northern Ireland in terms of 692 paid jobs provided, over 5,000 volunteer posts created with associated opportunities for skills development and progression, contribution to the regeneration of high streets, over 21,000 tonnes of textile diverted from landfill and investment in charitable causes at a local level, the level of relief represents excellent value for money[11].

2. BHFNI highlights the significant role of the charity sector in bolstering the local economy through research. For example, for every £1 spent by the government on research and development, £4.14 is returned in research funding in Northern Ireland.[12]

Scientific research is one of the UK's biggest assets. It underpins improvements in health and wellbeing and importantly, drives economic growth and productivity.

Across different conditions and diseases, people are now living longer, healthier lives thanks to investment in science. We now see more babies born with heart defects growing up to live healthy, productive lives; better diagnosis and treatment of inherited conditions; and around seven out of ten people surviving a heart attack.

UK research relies on stable, long-term investment from a range of funders – from UK Governments and industry, to charitable funders such as the British Heart Foundation. Together, these funders support research in all its forms, from basic laboratory research to large clinical trials. In Northern Ireland, annual block funding from the Department for the Economy provides underpinning support for research taking place within universities, while the Health and Social Care Research and Development Division[13] supports research in a clinical setting. Investment at all stages of research helps to ensure that discoveries in the lab are turned into new treatments and, ultimately, better patient care. The money invested in research also has a tangible economic benefit through the creation of employment opportunities and the development and commercialisation of innovative technologies.

BHFNI recommends that the Northern Ireland Executive provides continued long term investment, maintained in line with inflation, to build on the research base in Northern Ireland.

The research environment needs long-term investment to continually thrive and grow in Northern Ireland. For the research environment to be sustainable any investment in cutting-edge facilities and equipment must be balanced with sufficient investment in the research itself and in the talented scientists across Northern Ireland that conducts it.

[11] Charity Retail Association, response to consultation on business rates, 2015.
[12] Evaluation of the Impact of HSC R&D Funding in Northern Ireland, Including Benchmarking with other Countries, HSC R& D Development Strategy, 2014.
[13] Part of the Public Health Agency

OUTCOME 2 ***(Page 19) 'We live and work sustainably – protecting the environment'***

As highlighted within our response to Outcome 1, BHFNI shops contribute to environmental sustainability, as does the charity sector as a whole, by receiving donations and reducing landfill waste.

The charity retail sector is able to re-use or recycle almost every item donated to it. Last year, BHFNI shops received 290 tonnes of clothes, books and other items which otherwise would have gone to waste. The work of the charity sector saves local authorities in Northern Ireland very significant sums in landfill tax, which from 1 April will be £84.40 per tonne in England, Wales and Northern Ireland. In 2015, CRA research estimates that Northern Ireland charities diverted over 21,000 tonnes of textile from landfill[14].

Indicator 37 (reducing air pollution) is also very relevant when considering outcome 2.

Since 2010 the BHF has provided over £7 million for medical research that will help us better understand the link between air pollution and cardiovascular disease. Most of this research has focused on how small particles known as PM2.5 can be easily inhaled and affect the function of blood vessels consequently triggering cardiovascular events.

The cardiovascular effects of air pollution were first observed after the major smog that occurred in London in 1952. Based on available data from the previous year, it was estimated that there were 4,000 extra premature deaths attributed to respiratory and cardiovascular disease during the three weeks after the smog began[15].

Since the 1970s hundreds of epidemiological studies have demonstrated an association between particulate matter (PM) and adverse health effects. However recent research suggests there are three potential mechanisms by which PM may contribute to cardiovascular disease (CVD):

- PM may stimulate receptors in the lung that then alter the function of our nervous system, causing deleterious changes to our heart rhythm
- Inhaled particles produce inflammation of the lung and inflammatory chemicals may pass into the blood and damage the cardiovascular system
- Very small particles may be able to pass into the blood and directly affect blood vessels.

The pathways are thought to affect the cardiovascular system by making the fatty deposits in the arteries less stable, narrowing the blood vessels, causing cardiovascular inflammation, and increasing coagulation, blood clots and sensitising the heart to damage. The effects of this include hypertension, atherosclerosis, arrhythmias, myocardial ischemia, heart attacks, heart failure, and strokes.

[14] Charity Retail Association, 2015.
[15] Greater London Authority (2002) '50 years on: The struggle for air quality in London since the great smog of December 1952'

Increases in acute cardiovascular morbidity and mortality as a result of exposure to high levels of air pollution, are mainly amongst susceptible, but not critically ill, individuals such as older people with existing coronary artery disease. Obese people may also be at higher risk. Factors that increase the risk of a heart attack, such as high blood pressure and high cholesterol, may also increase the risk from particles.

Given 225,000 people in Northern Ireland fight their daily battles with CVD, BHFNI recommends that the Northern Ireland Executive works to ensure that air quality across Northern Ireland is at safe levels, in line with European legislation, to prevent those living with CVD facing increased risk of heart episodes.

OUTCOME 3 (Page 21) *'We have a more equal society'*

A very important indicator for this particular outcome is reducing preventable death. There are many ways in which BHFNI can contribute to this particular indicator. In the last five years the British Heart Foundation has invested £28m in prevention research.

Here in Northern Ireland BHFNI are also committed to tackling health inequalities through the research we fund at Queens University Belfast. BHFNI currently fund a study called PRIME, which is following middle-aged men over a ten year period, looking for causes of heart disease. They want to find out if gum disease is linked with an increase in new coronary heart disease events, such as heart attacks and strokes.

Heart disease used to be thought of mainly as a problem for stressed-out executives[16]. But a world-renowned study that the BHF still part funds today has helped to reveal the real picture.

The Whitehall Study[17], set-up in 1967, was a long-term research programme to track the health of 18,000 UK civil servants. A major finding of the study and its sequel was that those in the lowest employment grade were more likely to develop heart disease and die prematurely than their bosses.

These studies inspired the part BHF funded Marmot Report on health inequalities in 2010[18]– there is an established link between higher prevalence of NCDs and deprivation.

For example, prevalence levels for CVD are higher within the constituencies in Northern Ireland that are more disadvantaged. In Derry/Londonderry adult smoking prevalence rates are estimated at 27% (NI average 22%) whilst the lowest prevalence rates are found in South Belfast. This has compounded effect when we look at CVD statistics in areas such as coronary heart disease, atrial fibrillation and heart failure.

BHFNI want to be part of a collaborative effort to tackle health inequalities and are active on a number of fronts in this pursuit.

[16] Government's health white paper, 'Saving Lives', published in 1999, warns that people in stressful jobs – with either very high demands or little control over their work – are more likely to suffer heart disease.
[17] Marmot, M. Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010
[18] The Whitehall cohort studies 1967 – present.

BHFNI works collaboratively on tobacco control within Northern Ireland in partnership with other members of the community and voluntary sector. There is a strong association between cigarette smoking and socioeconomic position, indicators of social deprivation, including income, socioeconomic status, education and housing tenure, independently predicts smoking behaviour[19].

Additionally, BHFNI are part of a National Charity Partnership with Tesco and Diabetes UK. The National Charity Partnership, which was formed in January 2015, aims to raise £30 million over three years. Money raised will fund a joint project aimed at helping millions of people to improve their health, which includes Beat the Street, Holiday Lunch Clubs and the Let's Do This Goal Setter.

Beat the Street is a free real-life walking and cycling game to get kids – and their families – moving. Launched in East London in September 2015, over 100,000 miles were walked during this seven week programme. In 2016, 200,000 people will take part.

Between 23 September and 11 November 2015, 21,000 people took part in East London Beat the Street, walking a collective 103061.5 miles. Eight out of ten participants, responding to an online survey said that Beat the Street helped them be more active and walk more.

The Beat the Street programme will be coming to Northern Ireland in September and over 50 schools have already signed up to the programme in the Greater Belfast area.

OUTCOME 4 (Page 23) 'We enjoy long, healthy, active lives'

Outcome 4 is the main health outcome within the PfG Draft Framework and as such represents one of the main focuses of BHFNI.

There are around 1,400 out of hospital cardiac arrests (OHCAs) in Northern Ireland each year[20]. They can occur in homes and public spaces. Less than 1 in 10 people survive to be discharged from hospital[21].

There are a few simple actions that anyone can take to help save the life of someone who has had a cardiac arrest: call 999; start CPR; and use a public access defibrillator (PAD) if one is available. Every minute counts when someone has a cardiac arrest: every minute without CPR and defibrillation reduces the chances of survival by up to 10%[22].

But many people simply don't have the skills and confidence to step in and help. Around three quarters of people say they would not be confident performing CPR[23].

BHFNI recommends the Northern Ireland Executive must ensure all pupils have CPR training and public access defibrillator (PAD) awareness training by the time they leave secondary education.

[19] Marmot (see 16)
[20] Community Resuscitation Strategy Northern Ireland, DHNI, July 2014 (www.dhsspsni.gov.uk/resus-strategy).
[21] (As above)
[22] See Holmberg et al. Incidence, duration and survival of ventricular fibrillation in out-of-hospital cardiac arrest patients in Sweden. Resuscitation 2000; 44:7-17; Larsen et al.
[23] Figures are from YouGov Plc. Total sample size was 2,072 adults. Fieldwork was undertaken 12-14 September 2014. The survey was conducted online. All figures have been weighted and are representative of all UK adults (18+).

The most effective way to ensure as many people as possible know how to perform CPR is to teach them at school. As the vast majority (80%) of cardiac arrests happen in the home, young people could well be present in this situation[24].

BHFNI believes we need to do more than simply encourage if we are to drastically improve survival rates for out of hospital cardiac arrest.

BHFNI recommends that the Northern Ireland Community Resuscitation Strategy be fully implemented in the period 2016 – 2020.

There are currently 255,000 people in Northern Ireland diagnosed with hypertension (high blood pressure[25]. BHFNI estimate that the prevalence of hypertension is much greater given that there are an estimated 5-7 million people in the UK living with undiagnosed hypertension. The total NHS cost of the burden of disease resulting from hypertension in England is estimated at over £2 billion pounds every year including stroke (£850m)**,** coronary heart disease (£750m)**,** vascular dementia (£320m) and chronic kidney disease (£200m)[26]. Furthermore, it has been estimated that hypertension-related medication costs amounted to £1 bn in 2006 and that hypertension accounted for 12% of primary care consultation episodes[27]

In Northern Ireland (NI), the Service Framework for Cardiovascular Health and Wellbeing details standards for a number of cardiovascular conditions including hypertension. The Framework identifies hypertension as a key priority for prevention, detection and control and recognises the effective management of hypertension as an essential component of national strategies for coronary heart disease, stroke, diabetes and chronic kidney disease.

Service standards 10 and 11 of the framework state the following:

- All adults should be offered lifestyle advice as to the prevention of hypertension and have their blood pressure measured and recorded using standardised techniques every five years from age 45 years.

- All patients should be offered drug therapy if they have (a) persistent blood pressure of 160/100 mmHg or more and/or (b) raised cardiovascular risk (10 year risk of cardiovascular disease of 20% or existing cardiovascular disease / target organ damage) with persistent blood pressure of 140/90 mm/Hg.

BHFNI recommend that the Northern Ireland Executive focus on the diagnosis of people with hypertension in Northern Ireland within the target range.

[24] London Ambulance Service Cardiac Arrest Annual Report, 2014/15. Available at: www.londonambulance.nhs.uk/about_us/publications.aspx.
[25] DHNI, Quality & Outcomes Framework prevalence data, 2014/15
[26] Costs for the main hypertension-related conditions considered in this report, namely coronary heart disease (CHD), stroke, vascular dementia (VaD) and chronic kidney disease (CKD), attributable to hypertension.
[27] http://www.nice.org.uk/news/press-and-media/nice-consults-on-new-hypertension-draft-quality-standard

There are a number of ways in which hypertension can be tackled by the Northern Ireland Executive; BHFNI recommends the following:

- Reducing salt consumption and improving overall nutrition at population-level
- Improving calorie balance to reduce excess body weight at population-level
- Focusing on personal behaviour changes on diet, physical activity, alcohol and smoking, particularly prompted through individuals' regular contacts with healthcare and other institutions
- De-medicalising blood pressure testing and increasing opportunities to get tested in a variety of locations e.g. community pharmacies, community settings
- more frequent opportunistic testing in primary care, achieved through using wider staff (nurses, pharmacy etc.), and integrating testing into the management of long term conditions
- Targeting high-risk and deprived groups, particularly through general practice records audit and outreach testing
- Supporting adherence to drug therapy and lifestyle change, particularly through self-monitoring of blood pressure and pharmacy medicine support
- Promoting local leadership and action planning.

OUTCOME 5 (Page 25) 'We are an innovative, creative society, where people can fulfil their potential'

Innovation within the healthcare field has historically drastically improved the quality of care that a patient receives when they fall ill. The BHF, through its work in research, has helped to power innovative healthcare treatments that have paved the way for new methods of treatment and better prognosis for those suffering from CVD.

The BHF is the largest independent funder of cardiovascular research in the UK and for over 50 years has pioneered research that's transformed the lives of people living with cardiovascular disease. Science funded by the charity has led to treatments for heart attacks, advances in pacemakers, transplant surgery, defibrillators and the development of statins. It is this research that helps us provide innovative evidence-based solutions to the devastating impact of cardiovascular disease. In Northern Ireland the BHF is currently funding £3.1 million in research at Queen's University, enabling 40% of secondary schools to provide CPR training and supporting 200 BHF Alliance nurses.

The BHF are a response-mode funder for research, believing that the most effective way of tackling cardiovascular disease is to allow the research community to identify the gaps in knowledge and generate the research ideas and approaches needed to fill those gaps. We support a broad cardiovascular portfolio of basic science and clinical research, totalling over 1,100 active research grants at any one time.

BHFNI wants to work with the Northern Ireland Executive to promote the research environment so that innovation within healthcare can be encouraged in the Programme for Government.

OUTCOME 11 (Page 37) 'We have high quality public services'

BHFNI is a market leader in positive public health information, help and support for heart patients and works together with healthcare practitioners towards a common goal to improve diagnosis, treatment and care for heart patients.

The BHF invests money to support implementation of research into clinical practice, robustly evaluating the evidence base and developing tools, economic analysis, business case information and resources to support the spread and adoption of best practice models in cardiovascular care at scale.

The BHF is at the forefront of investing and developing in service redesign, sharing best practice and knowledge within the healthcare sector and the BHF's work in the community is improving the country's heart health at grassroots level.

Our portfolio of Best Practice is an expanding range of innovative online and print resources and tools, summarising the externally evaluated evidence of our pilots, the outcomes, the patient experience and the economic analysis.

This provides Healthcare Professionals, Health Service leaders, Policy Makers, Clinical Service Providers and Commissioners with the economic, statistical and clinical evidence needed push to develop a robust business case for either the re-design of an existing service, or the introduction of evidence based models of care within a Trust.

Please find below two major examples of BHF innovation in practice and the impact that BHF innovations have had on patient outcomes and financial sustainability throughout the UK.

For of the examples, an estimate for potential savings has been modelled for Northern Ireland in red at the bottom.

Atrial Fibrillation and Integrated Care

Atrial Fibrillation (AF) is the most common sustained adult cardiac arrhythmia. There are currently over 1 million people diagnosed with AF in the UK. The prevalence of AF increases with age, to more than 15% in those aged 75 and over.

NHS Lanarkshire (2012-2014) was a site for a project aimed to improve the care delivered in primary care for people with a diagnosis of AF.

There were three components of the programme:

1. Patient education on condition and self-management.
2. Use of the GRASP-AF audit tool
3. A bespoke education package for each participating practice

BHF also piloted a programme within to ensure that people with long-term conditions should receive support in managing their illness from a named arrhythmia care co-ordinator

To meet this objective the BHF piloted and evaluated the Arrhythmia Care Co-ordinator (ACC) role across 19 NHS sites in England and Wales to provide evidence of the effectiveness of the role in practice. One of the sites included within the programme was the **University Hospitals Bristol NHS Foundation Trust (UHB NHSFT)** who employed two Band 7 ACC nurses.

ACC nurses provide a single point of contact for patients and carers following a diagnosis of arrhythmia.

Economic Results:

There were significant savings associated with both the Lancashire and Bristol models for tackling Atrial Fibrillation.

Bristol Model

Cost: £**160,000** for 2 Arrhythmia nurses for 2 yrs.

Savings: £29,357 per nurse per year

Northern Ireland equivalent:

£160,000 x 5 Trusts = £800,000

Potential Savings:

1 nurse = £29,357 per year

£117,428 x 5 Trusts = **£587,140**

Lanarkshire Model

Cost: £97,660 per site for 2 years

Northern Ireland equivalent:

Cost: £97,660 x 5 Trusts = £488,300 (for 2 years)

Potential Savings:

Cost of care per stroke patient is £23,315 (Stroke Association figures)

Estimated 914 AF strokes in 2013/14 (Sentinel Stroke National Audit Programme)

£23,315 x 914 = **£21,305,494** (per year)

Intravenous Diuretics at home and in the community

Heart failure (HF) is a common progressive life-limiting condition which can have a major effect on the quality of life of patients and their families. Around half a million people in the UK are diagnosed with HF, including over 15,000 local people with many more undiagnosed cases. People living with HF can have periods of relative stability and periods of worsening of the symptoms and signs of HF which require hospital admission and treatment with intravenous (IV) diuretics.

Traditionally it has been usual practice to admit patients to hospital for IV administration if they fail to respond to an increase in oral diuretics. Mean length of stay for a HF admission is estimated to be 12 days. The BHF funded and externally evaluated a 2 year project, across Ten NHS sites (of which 8 were in England) to determine if delivering IV diuretics in the patient's home or in a community setting is safe, clinically effective, cost effective and well received by patients and carers. Total funding awarded by the BHF was **£571,980.00.**

126 interventions were administered to 96 patients, age range 51-93 (mean age 75). 76% were male, 70% lived with a spouse or other family member, all but one were reported as having a wide range of co-morbidities and 56% had a previous HF related admission in the year prior to the IV diuretic intervention.

Models of delivery were dependent on local infrastructures; although the majority used delivery via HF nurses.100% patients and 93% carers preferred treatment at home than in the hospital. 79% of people avoided hospital admission, 63% achieved target reduction in oedema and weight loss. The project demonstrated safety and efficacy and the IVD at home and community model has been adopted as a proven NICE QIPP case study. The model has been adopted and sustained at the end of the BHF funding period, in Leeds, Ayrshire and Arran, Aneurin Bevan, Darlington and Stoke.

Economic Results:

The **average cost per intervention at home was £793** compared to an **episode of treatment at a hospital for £3796.**

For every £1 invested in the service there is a saving of almost £4.

Investment needed in Northern Ireland to provide the service over 2 years**: £275,000**

Net savings opportunities across Northern Ireland in first 2 years: **£675,000**

OUTCOME 14 (Page 44) 'We give our children and young people the best start in life'

Congenital heart disease is one of the most common types of birth defect, and it is estimated to affect 6 in every 1,000 babies born. Each month in Northern Ireland 12 babies will be diagnosed with congenital heart disease. For more than half of babies, the condition is a minor problem which either does not require any treatment, or can be successfully corrected with surgery after they are born. Other conditions are more serious and sadly, some children with congenital heart disease do not survive.

However, thanks to advances in early diagnosis and treatment, most children will grow into adulthood and lead full and active lives. In the 1950s 80% of children with severe congenital heart defects died before their first birthday and today thanks to innovations in research 80% survive into adulthood

The recommendations made by the International Working Group (IWG) of enhanced patient and family services cross border for patients that do not reside in the Dublin is a viable means of ensuring the long-term safety and sustainability of paediatric congenital cardiac surgery for patients from Northern Ireland. In order to deliver the best service and outcomes for patients, we support the need to ensure that surgeons carry out a significant number of operations, and the concentration of expertise in a particular centre.

BHFNI support the recent announcement made by the Health Minister in Northern Ireland that £42m will be allocated to the development of all-Ireland congenital heart services.

BHFNI want to ensure that future service delivery of congenital heart disease on an all – Ireland basis is appropriately monitored. In the context of the recent investment announcement (as above) – BHFNI recommends that the Northern Ireland Executive brings forward a detailed implementation plan with clearly defined timescales for the creation of the service.

Conclusion

- BHFNI welcomes the new approach taken by the Northern Ireland Executive on the Programme for Government Framework, embracing outcomes based accountability.
- The community and voluntary sector needs to be engaged fully in the above process, BHFNI looks forward to working in partnership with the Northern Ireland Executive.
- BHFNI has over 50 year's expertise in research and innovation within healthcare and can become partners in helping to deliver the outcomes within the draft Programme for Government.

For further information on the response please contact Caolan Ward, Policy and Public Affairs Officer – **wardca@bhf.org.uk**